

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032405

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4463

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Claude J. Farley

MEDICAL CERTIFICATION

DATE AMENDED

AMENDED

FILED

AUG 28 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
64 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2835 East 9th

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

d. STREET ADDRESS (If outside, give location)
2835 East 9th

3. NAME OF DECEASED

First Middle Last
JOSEPH (none) PIZZICHINO

4. DATE OF DEATH
Month Day Year
August 8 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-4-1875

9. AGE (last birthday)

88

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Produce

10b. KIND OF BUSINESS OR INDUSTRY
Self-Employed

11. BIRTHPLACE (City and state or country)
Naples, Italy

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Michael Pizzichino

13b. MOTHER'S MAIDEN NAME

Fannie DeRosa

14. NAME OF HUSBAND OR WIFE

Leopolda Pizzichino

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Leopolda Pizzichino, 2835 E. 9th St.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Liver, metastatic

INTERVAL BETWEEN ONSET AND DEATH

3 mos

DUE TO (b)

Carcinoma Stomach

onset

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 27, 63, Aug 8, 63 and last saw her alive on 8/8/63
Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Last name or title)

22b. ADDRESS

6400 Prospect

22c. DATE SIGNED

8-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8-12-1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar Funeral Home
1800 E. Linwood, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

8-9-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Claude Farley

6400. Prospect

Em 1-7833

Now to 5pm Friday

0815

4020

3-00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lerald A. Burger

Licensed Embalmer No.

4763

P. O. Address

9648 Roe Ave
Overland Park, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.